24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
FREEDOMWORKS FOR AMERICA				
	C C00499020			
Check if 24-hour report X 48-hour report New report Amends report filed on				
Full Name of Payee	Date of Public Distribution/Dissemination			
Freedomworks, Inc.	M M / D D / Y Y Y Y			
Mailing Address 400 N Capitol St., NW	04 15 2014 Amount			
Suite 735	Allount			
City State Zip Code	114.06			
Washington DC 20001	Transaction ID : SE.26778 Date of Disbursement or Obligation			
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing Category/ Type 004	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office	e Sought: House District: 00			
CHRISTOPHER BRIAN MCDANIEL Oppose	President Senate State: MS			
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:			
Full Name of Payee Freedomworks, Inc.	Date of Public Distribution/Dissemination			
Mailing Address 400 N Capitol St., NW	04 16 2014			
Suite 735	Amount			
City State Zip Code	37.37			
Washington DC 20001	Transaction ID : SE.26777 Date of Disbursement or Obligation			
Purpose of Expenditure IE-McDaniel-Travel Category/ Type 002	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Offic	e Sought: House District: 00			
CHRISTOPHER BRIAN MCDANIEL Oppose	President Senate State: MS			
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: X Primary General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	151.43			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Buto	04 23 2014			
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 5 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA	FEC IDENTIFICATION NUMBER ▼			
FREEDOWWORKS FOR AWIERICA	C C00499020			
Check if 24-hour report				
Full Name of Payee Freedomworks, Inc.	Date of Public Distribution/Dissemination			
Mailing Address 400 N Capitol St., NW	04 16 2014			
Suite 735	Amount			
City State Zip Code	2.28			
Washington DC 20001	Transaction ID : SE.26779 Date of Disbursement or Obligation			
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing Category/ Type 004	04 / 16 / 2014			
Name of Federal Candidate Support Office	e Sought: House District: 00			
CHRISTOPHER BRIAN MCDANIEL Oppose	President Senate State: MS			
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For:			
Full Name of Payee	Date of Public Distribution/Dissemination			
Freedomworks, Inc.	04 17 2014			
Mailing Address 400 N Capitol St., NW	Amount			
Suite 735				
City State Zip Code Washington DC 20001	42.70 Transaction ID : SE.26780			
Purpose of Expenditure	Date of Disbursement or Obligation			
IE-McDaniel-Travel Category/ Type O02	04 / 17 / 2014			
	e Sought: House District: 00			
CHRISTOPHER BRIAN MCDANIEL Oppose	President Senate State: MS			
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	44.98			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(-)	7 7			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
R. Russ Walker [Electronically Filed] Date	4 23 2014			
Oignature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
FREEDOMWORKS FOR AMERICA				
	C C00499020			
Check if 24-hour report X 48-hour report New report Amends report filed on				
Full Name of Payee	Date of Public Distribution/Dissemination			
Freedomworks, Inc.	04 18 2014			
Mailing Address 400 N Capitol St., NW	10 2014			
Suite 735	Amount			
City State Zip Code	507.15			
Washington DC 20001	Transaction ID : SE.26785 Date of Disbursement or Obligation			
Purpose of Expenditure IE-McDaniel-Travel Category/ Type 002	04 / 18 / 2014			
Name of Federal Candidate Support Office	Sought: House District: 00			
CHRISTOPHER BRIAN MCDANIEL Oppose	President Senate State: MS			
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary General			
	Other (specify)			
Full Name of Payee Freedomworks, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 400 N Capitol St., NW	21 2014			
Suite 735	Amount			
City State Zip Code	51.76			
Washington DC 20001	Transaction ID : SE.26781 Date of Disbursement or Obligation			
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing Category/ Type 004	04 / 21 / Y Y Y Y Y Y			
Name of Federal Candidate Support Office	e Sought: House District: 00			
CHRISTOPHER BRIAN MCDANIEL Oppose	President Senate State: MS			
Calendar Year-To-Date Per Election for Office Sought Disbut 2014				
	Other (specify) -			
(a) SUBTOTAL of Itemized Independent Expenditures	558.91			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 5 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA	FEC IDENTIFICATION NUMBER ▼			
FREEDOWWORKS FOR AWIERICA	C C00499020			
Check if 24-hour report X 48-hour report New report Amends report filed on				
Full Name of Payee Freedomworks, Inc.	Date of Public Distribution/Dissemination			
Mailing Address 400 N Capitol St., NW	04 21 2014			
Suite 735	mount			
City State Zip Code	421.96			
D	ransaction ID : SE.26783 Date of Disbursement or Obligation			
Purpose of Expenditure IE-McDaniel-Travel Category/ Type 002	04 / 21 / 2014			
Name of Federal Candidate Support Office S	ought: House District: 00			
CHRISTOPHER BRIAN MCDANIEL Oppose Pr	resident State: MS			
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For:			
	Date of Public Distribution/Dissemination			
Freedomworks, Inc.	04			
Mailing Address 400 N Capitol St., NW	Amount			
Suite 735	Milouit			
City State Zip Code	77.28			
	ransaction ID : SE.26782 Date of Disbursement or Obligation			
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing Category/ Type 004	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office S	ought: House District: 00			
CHRISTOPHER RRIAN MCDANIEL	resident State: MS			
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	499.24			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
R. Russ Walker [Electronically Filed] Date	23 2014			
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	-5	PAGE 5 OF 5 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
FREEDOMWORKS FOR AMERICA		C C00499020		
Check if 24-hour report X 48-hour report New report Amends report filed on				
Full Name of Payee Freedomworks, Inc.		of Public Distribution/Dissemination		
Mailing Address 400 N Capitol St., NW	Amou	04 22 2014		
Suite 735	Alliou			
City State Zip Co	de	201.76		
Washington DC 20001		action ID : SE.26784 of Disbursement or Obligation		
Purpose of Expenditure IE-McDaniel-Travel Categ	ory/ Type 002	04 / 22 / Y Y Y Y Y Y Y		
Name of Federal Candidate	Support Office Sough	t: House District: 00		
CHRISTOPHER BRIAN MCDANIEL	Oppose Preside	ent X Senate State: MS		
Calendar Year-To-Date Per Election for Office Sought 139895.	Disbursemen 2014 O	t For:		
Full Name of Payee	Date	of Public Distribution/Dissemination		
Topple Strategies		04 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 189 N. Hwy 89 Ste. C 130	Amou	nt		
City State Zip Co	de	35003.00		
North Salt Lake UT 84054		oction ID : SE.26776 of Disbursement or Obligation		
Purpose of Expenditure IE-McDaniel-Phone Calling Categ	Tory/ 004	04 / 22 / 2014		
Name of Federal Candidate	Support Office Sough	t: House District:00		
CHRISTOPHER BRIAN MCDANIEL	Oppose Preside	ent Senate State: MS		
Calendar Year-To-Date Per Election for Office Sought 1396	Disbursemen 2014	ther (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures		35204.76		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	36459.32		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
R. Russ Walker [Electronically Final Procedure]	led] Date 04	23 / 2014		
g.,				